PTO/SB/17 (01-06)

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Complete if Known				
			Application Number 09/955,502				
FEE TRANSMITTAL			Filing Date	9/18/200	9/18/2001		
For FY 2006			First Named Inv	entor Diana M.	Diana M. Downs		
Applicant claims small entity	status Soo 37 CE	R 1 27	Examiner Name	Patricia A	Ann Duffy	·	
		13 1.47	Art Unit	1645			
TOTAL AMOUNT OF PAYMENT	(\$) 18	0.00	Attomey Docket	No. 960296.9	97559		
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify):							
	Deposit Account Deposit Account Number: 17-0055 Deposit Account Name: Quarles & Brady LLP						
For the above-identified de			•				
✓ Charge fee(s) indica	ated below		Charge	e fee(s) indicated	below, except	for the filing fee	
Charge any addition		ayments of fe	ee(s) Credit	any overpayment	ts	,	
under 37 CFR 1.16 WARNING: Information on this form	may become public.	Credit card in	ш			e credit card	
information and authorization on PT	0-2038.						
FEE CALCULATION (All the			iling or may be	subject to a su	rcharge.)		
1. BASIC FILING, SEARCH,			מכון בבבי		N EEFO		
Fil	ING FEES Small Entity	SEAF	RCH FEES Small Entity	EXAMINATION Small	N FEES Entity		
	Fee (\$)	<u>Fee (\$</u>		Fee (\$) Fee	e (\$)	Fees Paid (\$)	
Utility 30		500	250	200 10	-		
Design 20		100	50		55 -		
Plant 20		300	150	_	- 30		
Reissue 30		500	250	600 30	00 -		
Provisional 20	0 100	0	0	0	0 -		
2. EXCESS CLAIM FEES Fee Description				ſ		all Entity ee (\$)	
Each claim over 20 (include	ling Reissues)			-	50	25	
Each independent claim ov	er 3 (including F	Reissues)			200	100	
Multiple dependent claims		<i>(</i> a) =	- D-14 (6)		360	180	
<u>Total Claims</u> <u>Extra</u> - 20 or HP =	<u>a Claims</u> Fee x	<u>(\$) Fe</u> =	e Paid (\$)	_	lultiple Depen Fee (\$)	fee Paid (\$)	
HP = highest number of total claims		an 20.			191		
Indep. Claims Extra	Claims Fee	(\$) <u>Fe</u>	e Paid (\$)	_			
- 3 or HP = HP = highest number of independen	x t claims paid for, if gre	eater than 3.					
3. APPLICATION SIZE FEE If the specification and draw	ings exceed 100	sheets of pa	per (excluding e	lectronically file	ed sequence	or computer	
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50							
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)							
- 100 = / 50 = (round up to a whole number) x =							
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): Information Disclosure Statement 180.00							
Outer (v.g., inequiling strenting of							
SUBMITTED BY		/	Registration No.		Tolorbora		
Signature	- 100	<u>~~</u>	Registration No. (Attorney/Agent)	5,433		14-277-5709	
Name (Print/Type) Jean C. Bake	er				Date April 1	4, 2006	

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APR 1 9 2006

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Substitute for form 1449B/PTO				Complete if Known		
				Application Number	09/955,502	
INFC	RMATION DI	ISCLO	SURE	Filing Date	9-18-2001	
STATEMENT BY APPLICANT			CANT	First Named Inventor	Diana M. Downs	
				Art Unit	1645	
(Use as many sheets as necessary))	Examiner Name	Patricia Ann Duffy	
Sheet	1	of	1	Attorney Docket Number	960296.97559	

NON PATENT LITERATURE DOCUMENTS						
Examiner Initials*	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.				
		Pomposiello P.J. et al., J. Bact. 185:6624-6632, SoxRS-Regulated Expression and Genetic Analysis of the yggX Gene of Escherichia coli; Nov. 2003.				
•••••		Osborne, MJ et al., Protein Sci 2005 14:1673-1678; The solution structure of the oxidative stress-related protein YggX from Escherichia coli.				

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	••••••					
		Date	$\overline{}$			

Examiner	Date	
Signature	Considered	

^{*}EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

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